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+ PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

		Attorney Docket No.	076565-0115				
Address	to:	First Named Inventor	Lawrence G. Daviso				
Address	Assistant Commissioner for Patents	Onginal Patent Number	5,842,486				
	Box Patent Application Washington, DC 20231	Original Patent Issue Date (Month/Day/Year)	12/01/1998				
		Express Mail Label No.	EL529676065US				
	ATION FOR REISSUE OF: (the check applicable box) (X) Utility	Patent Design Pat	ent Plant Patent				
API	PLICATION ELEMENTS	ACCOMPANYING	APPLICATION PARTS				
1. X	* Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. Foreign Priority Claim (35 U.S.C. 119) (if applicable)					
2. X	Specification and Claims (amended, if appropriate)	8. X Information Disclose Statement (IDS)/PT					
3. 🔀	Drawing(s) (proposed amendments, if appropriate)	9. English Translation (if applicable)	of Reissue Oath/Declaration				
	Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)	10. Small Entity Statement(s)	Statement filed in prior application, Status still proper and desired				
	al U.S. Patent Offer to Surrender Original Patent (37 C.F.R. § 1.178)	11. X Preliminary Amendr	nent				
or	(PTO/SB/53 or PTO/SB/54)	12. X Return Receipt Pos					
	Ribboned Original Patent Grant	(Should be specificated)	for Transfer of				
	Affidavit / Declaration of Loss (PTO/SB/55)	13. X Other: Request Drawing	***************************************				
6. Original	U.S. Patent currently assigned?	***************************************	***************************************				
İ	X Yes No	Copy of	USPN 5,842,486				
(If Yes, o	heck applicable box(es))	***************************************					
<u> </u>	Nritten Consent of all Assignees (PTO/SB/53 or 54)	SMALL ENTITY FEES, A SMALL	ENTITY STATEMENT IS REQUIRED				
X	37 C.F.R. § 3.73(b) Statement X Power of Attorney	(37 C.F.R. § 1.27), EXCEPT IF ON IS RELIED UPON (37 C.F.R. § 1.2	E FILED IN A PRIOR APPLICATION 8).				
	14. CORRESPONDEN	CE ADDRESS					
	14. CORRESPONDEN	CE ADDRESS					
Custom	er Number or Bar Code Label (insert Customer No. or Attach	or 🛣	Correspondence address below				
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Country	1 00.0	14-297-5772 Fa	<u></u>				
	1 .55,000	17-23176	1.414-27/-4300				
NAME	(Print/Type) Christopher M. Turoski	Registration No. (Attorney/Agent					
Signatu	1 Mentoda M. Turo	dri Da	te 12/19/99				

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PTO/SB/56 (12-97)
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Docket Number (Optional)

KEIS	REISSUE APPLICATION FEE TRANSMITTAL FORM							bocket Number (Optional)			
							7656	5565/115			
		C	laims as Fi	led - F	Part 1						
Claims in		Numbe	er Filed in	1	(3)	Small	Entity		Other than	a Small Entity	
Patent	For	Reissue Application		Number Extra		Rate	Fee_		Rate	Fee	
A) 20	Total Claims (37 CFR 1.16(j))	(B) 43		****	18 =	x \$=		or	x \$ <u>18.00</u> =	\$360.00	
C) 3	Independent Claims (37 CFR 1.16(i))	(D) ⁵			2 =	x \$ =			x \$78.00⊨	\$156.00	
			Basic	c Fee	(37 CFF	R 1.16(h))	\$			\$ 760.00	
			To	otal Fil	ling Fee		\$		OR	\$ 1276.00	
		Claim	ns as Amen	ded -	Part 2						
	(1) Claims Remainin	(4)		nher	er Extra	Small E	ntity		Other than	a Small Entity	
	After Amendmen	9	Previously Paid For	iy I	Claims	Rate	Fee		Rate	Fee	
Total Claims	***	MINUS	**	•		x \$=		or	×\$ <u>18.0</u> 0	\$0.00	
dependent aims (37 CFR 1.16((1))	MINUS	****	:	= 0 x \$=			0,	x\$ 78.0 0	\$0.00	
			То	otal Ad	Iditional	Fee	\$		OR	\$0.00	
	k Niumbor of Total C	laime Pro	viously Paid	For is	mn 3.	n 20 Write	"20" in	this	SDACA		
* After any can ** If "A" is grea *** "Highest Nu Please c	t Number of Total C acelation of claims ter than 20, use (B amber of Independe tharge Deposit Ac ate copy of this sh	-A); if "A" nt Claims	is 20 or less Previously F	For is , use (s less tha B - 20). or" or Nu		epende	ent C		atent (C).	
** After any can *** If "A" is grea *** "Highest Nu Please c A duplica X The Com may be re A duplica	celation of claims ter than 20, use (B umber of Independe harge Deposit Ac	-A); if "A" nt Claims count No eet is en by autho any over eet is end	is 20 or less s Previously F c closed. payment to closed.	For is, use (Paid Formatte Paid Formatte Pai	s less that B - 20). or" or Nut ny addit osit Acco	in the amo ional fees unt No(epende ount of under 06-144	37 °	Claims in Pa	or 1.17 which	

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Christopher M. Turoski, Registration No. 44,456

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Davis, Lawrence G.

Nikolaus, Carol J.

Title:

HERMETICALLY SEALED

COSMETIC COMPACT CASE

Patent No.:

5,842,486

Issue Date:

12/01/1998

Examiner:

To be determined

Application No.:

To be determined

Art Unit:

To be determined

Attorney Docket

76565/115

No.:

CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231. EL529676065US (Express Mail Label Number)

REQUEST FOR TRANSFER OF DRAWINGS

Assistant Commissioner for Patents Washington, D.C. 20231

The Applicants for reissue hereby request transfer of the official drawing contained in the file of the above-captioned U.S. Patent No. 5,842,486 to the present Application for reissue.

Respectfully submitted,

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